

TN - Submission Package - TN2019MS0002O - (TN-19-0004) - Administration

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CMS-10434 OMB 0938-1188

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | TN2019MS0002O | TN-19-0004

Package Header

Package ID	TN2019MS0002O	SPA ID	TN-19-0004
Submission Type	Official	Initial Submission Date	4/9/2019
Approval Date	6/20/2019	Effective Date	4/1/2019
Superseded SPA ID	TN-17-0002		
	User-Entered		

A. Single State Agency

1. State Name: Tennessee

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Department of Finance & Administration

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
Attorney General Certification	3/9/2019 4:46 PM EST	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
 - a. The single state agency supervises the administration through counties or local government entities.
 - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
 - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

Designation and Authority

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D. Additional information (optional)

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

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A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver Department of State

1. Name of state agency to which responsibility is delegated:

Department of State

2. Date waiver granted:

2/1/2017

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The Department of Finance & Administration (F&A) is the single state agency responsible for administration of the Medicaid program in Tennessee. F&A delegates to the Department of State authority to sit as trier of fact and issue initial orders for fair hearings pertaining to services or benefits, including appeals related to the preadmission evaluation (PAE) process and level of care criteria for nursing facility services. Under the terms of this delegation, evidentiary hearings are held before impartial Administrative Law Judges (ALJs) housed within the Department of State. The Department of State's ALJs issue initial orders. After an ALJ has issued an initial order, either the appellant or F&A may request a review of the decision by the Commissioner of F&A or his designee. F&A retains the authority to review all decisions made by ALJs to determine whether their decisions are contrary to applicable law, regulations, or policies. The Commissioner's Designee is responsible for reviewing conclusions of law contained in ALJs' orders to determine if they conflict with TennCare rules or policies. The Commissioner's Designee has the authority to set aside conclusions of law if the record contains evidence that the conclusions of law are misapplied or incorrectly written. If the Commissioner's Designee modifies or overturns an ALJ's decision, the Commissioner's Designee's decision constitutes final agency action. Pursuant to Doe v. Ferguson, F&A cannot overturn an ALJ's decision pertaining to nursing facility services.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
 - i. A written agreement between the agencies.
 - ii. State statutory and/or regulatory provisions.

Statutory/regulatory citation(s):

Tennessee Code Annotated 4-5-301 and 71-5-113

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No

- The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

The Department of State's role in benefit-related Medicaid fair hearings is provided for in state law, at Tennessee Code Annotated § 4-5-301 and § 71-5-113. F&A retains oversight over the State Plan, and the development and issuance of policies, rules, and regulations on Medicaid program matters. The role and authority

of the Department of State's ALJs are dictated by the Tennessee Uniform Administrative Procedures Act.

When an individual experiences a denial or an adverse action, F&A requires that the individual be informed in writing of the fair hearing process and about how to pursue an appeal. F&A is also responsible for ensuring that individuals know how they can directly contact F & A to obtain information about appeals.

F&A provides assurance that it oversees the fair hearing process delegated to the Department of State to ensure compliance with federal and state Medicaid law, regulations and policies including: issuing fair hearing decisions, conflicts of interest and improper incentives, and the safeguarding of confidentiality. F&A will institute corrective action, as needed, which could include modifying or reversing hearing decisions, as well as taking more systemic action such as providing training for the hearing officers and issuing clarifications of policy.

Intergovernmental Cooperation Act Waivers

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B. Additional information (optional)

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

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A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency

- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for:
 - (1) SSI beneficiaries
 - (2) Optional state supplement recipients
- iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

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B. Fair Hearings (including any delegations)

The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

a. Medicaid agency

b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.

d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
 No

D. Additional information (optional)

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Organization and Administration

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

Description:

The Tennessee Department of Finance & Administration (state fiscal agency) is the state agency responsible for administering Tennessee's Medicaid program. Within the Department, the Division of TennCare oversees all aspects of program administration.

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

TennCare's Division of Member Services oversees functions related to eligibility and enrollment, eligibility renewals, and communication with program enrollees and applicants. The Member Services Division determines eligibility for applicants (other than SSI recipients, whose eligibility is determined by the Social Security Administration), and conducts the annual eligibility renewal process.

b. Fair Hearings (including expedited fair hearings)

TennCare's Office of the General Counsel (OGC) is responsible for conducting fair hearings related to MAGI and non-MAGI eligibility determinations. Fair hearings for matters pertaining to medical services are conducted by administrative law judges (ALJs) housed in the Tennessee Secretary of State's office in accordance with the state's Intergovernmental Cooperation Act waiver.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Office of the Chief Medical Officer provides medical direction for the TennCare program and provides oversight of the medical, pharmacy, and dental services delivered through a network of managed care contractors. This Office's key activities include the development of medical policy, as well as monitoring access to care, service quality, and health outcomes. This unit monitors provider network adequacy and serves as a resource to providers throughout the state in regard to the operation of the TennCare program. The Division of Managed Care Operations is responsible for overseeing TennCare's contracts with the Managed Care Organizations (MCOs) providing medical services, behavioral health services, and most long-term care services and supports to TennCare enrollees. This includes developing and finalizing contracts and contract amendments and monitoring contract compliance, as well as reviewing subcontracts, reviewing marketing materials disseminated by the MCOs, and assessing sanctions for contract non-compliance when appropriate.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

TennCare's Policy Office prepares program proposals with CMS regarding waiver-related matters; ensures that administrative rules are filed to support the TennCare program; maintains the Medicaid State Plan by ensuring that State Plan Amendments are filed appropriately; monitors developments in federal Medicaid policy; and is responsible for ensuring that all reports required by the demonstration waiver agreement with CMS are produced accurately and on time. The Division of Long-Term Services and Supports maintains the state's 1915(c) HCBS waivers and oversees the programs associated with those waivers.

e. Administration, including budget, legal counsel

Administration for the TennCare program is shared across multiple organizational units, each of which reports to the state Medicaid director. TennCare's Office of the General Counsel (OGC) is responsible for providing legal counsel to the TennCare program. This includes the legal oversight of the development, implementation, and monitoring of TennCare policy and contracts, as well as working with other TennCare units to ensure compliance with federal/state laws, regulations, court rulings, and consent decrees. OGC oversees agency functions related to HIPAA compliance, nondiscrimination, and public records, and works with the state Attorney General, other state agencies, and outside counsel on legal proceedings involving TennCare.

The Chief Financial Officer oversees the Financial Operations Division, which is responsible for developing and monitoring TennCare's budget and for working with actuaries to implement fiscal forecasting and to develop actuarially sound rates for risk-based contracts. The Financial Operations Division is responsible for preparing and submitting fiscal reports to CMS, such as the CMS-64, and for monitoring budget neutrality for the TennCare Demonstration.

TennCare's Division of Communications and Employee Relations is responsible for all facilities management, administrative services, project management, and executive support. The Office of Human Resources is contained in this division as well and is responsible for providing effective and efficient customer-focused service and support in the areas of personnel transactions and organizational development, including benefits, payroll, and employee development.

f. Financial management, including processing of provider claims and other health care financing

Financial management is housed within the Financial Operations Division. This unit oversees the processing of all contracts and contract amendments between TennCare and its vendors and monitors sub-recipient contracts and grants. This unit is also responsible for a wide variety of administrative activities including supply and equipment invoice payment, revenue collection, processing payment for all TennCare contracts and grants, and other administrative activities. This unit includes an Office of HealthCare Informatics/Statistics that provides reports and analytical support to TennCare's business operations and decision making in the areas of financial management, medical management, contracting, and operations. Areas of particular interest include cost and utilization reporting, cost-driver and outlook analysis, statistical support and methodology development, information technology solutions of decision support applications, and data warehousing.


TennCare's Claims Processing Unit is housed within the Information Systems (IS) Division, and is responsible for processing and payment of fee-for-service claims (such as Medicare crossover claims) and monthly MCC capitation payments. In addition, the Claims Processing Unit is responsible for developing and processing all system enhancements and modifications to both fee-for-service processing and MCC capitation payments.

g. Systems administration, including MMIS, eligibility systems

TennCare's Information Systems Division is responsible for the activities of the TennCare Management Information System (TCMIS), including the recording of eligibility and enrollment information, claims/encounter processing, data analysis, data reporting, and other system functions. IS is responsible for electronic data interchange (EDI) generally and for processing provider updates from the MCCs and production of drug rebate data. The Medicaid Eligibility Unit within IS serves as a liaison with CMS and the MCCs on various operations and functions and maintains the TCMIS Recipient Eligibility file. This unit is also responsible for monitoring batch updates of files received from the FFM and the Social Security Administration, as well as monitoring internal jobs and reviewing daily outbound 834 plan enrollment files. The Notification Unit ensures the quality of a variety of outgoing TCMIS production enrollee notices.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
TennCare Org Chart - 04012019	5/28/2019 4:07 PM EDT	

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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
The Social Security Administration	Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
 No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Tennessee Department of Intellectual and Developmental Disabilities	The Tennessee Department of Intellectual and Developmental Disabilities (DIDD) is responsible for providing services and supports to Tennesseans with intellectual disabilities. DIDD provides services directly or through contracts with community providers in a variety of settings. These settings range from institutional care to individual supported living arrangements in the community. DIDD provides services to TennCare enrollees participating in 1915(c) home and community based services waiver programs, provides support for TennCare's MLTSS program for individuals with intellectual and developmental disabilities, and provides services related to the Preadmission and Resident Review.
Tennessee Department of Mental Health and Substance Abuse Services	The Tennessee Department of Mental Health and Substance Abuse Services (DMHSAS) plans for and promotes the availability of a comprehensive array of high-quality prevention, early intervention, treatment, habilitation, and rehabilitation services and supports for individuals and families needing mental health or substance abuse services. DMHSAS provides consultation on the behavioral health component of the TennCare program, and obtains attestations from psychiatric residential facilities on compliance with CMS standards on the use of seclusion and restraint.

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Tennessee Department of Human Services	The Department of Human Services (DHS) maintains offices in each of Tennessee's 95 counties. TennCare contracts with DHS to provide application assistance and to facilitate the application process through the availability of computer kiosks located in all 95 counties.
Tennessee Department of Health	The Tennessee Department of Health coordinates activities in the health departments in each of Tennessee's 95 counties, which provide significant care to the TennCare population. In addition, the Department of Health conducts outreach and screening for TennCare's EPSDT program. The Department of Health contributes significantly to the success of the TennCare dental program by conducting a statewide, school-based, oral health evaluation and screening program. The Department of Health makes determinations of presumptive eligibility for pregnant women and individuals needing treatment for breast and/or cervical cancer. The Department oversees licensing for hospitals, nursing facilities, ambulatory surgical centers, and other health care facilities in Tennessee.
Tennessee Department of Commerce and Insurance	The Tennessee Department of Commerce and Insurance (TDCI) protects the integrity of the TennCare program by overseeing, examining, and monitoring the Managed Care Organizations (MCOs) participating in the TennCare program. TDCI's TennCare Oversight Division ensures that the MCOs under contract with the state are in compliance with statutory and contractual requirements relating to their financial responsibility, stability, and integrity. The responsibilities of this division include reviewing and analyzing financial status, market conduct activities, and compliance with federal and state law, rules, and regulations as they apply to TennCare's MCO operations. The division also oversees the independent review of provider claims denial program.
Tennessee Department of Education	The Tennessee Department of Education oversees Tennessee's K-12 public school system. The Department supports TennCare by conducting EPSDT outreach activities.

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Tennessee Secretary of State	Administrative Law Judges (ALJs) housed within the Department of State sit as triers of fact and issue initial orders for fair hearings pertaining to services and benefits, including appeals related to the preadmission evaluation (PAE) process and level of care criteria for nursing facility services.
Tennessee Department of Children's Services	The Tennessee Department of Children's Services (DCS) is Tennessee's Title IV-E agency. DCS coordinates care for children who are in the custody of the state of Tennessee or at risk of being in the custody of the state. DCS provides residential treatment and targeted case management services for TennCare-eligible children in state custody, and conducts EPSDT outreach activities. Under an agreement with the state Medicaid agency, DCS makes eligibility determinations for children entering state custody or in adoption assistance agreements.

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F. Additional information (optional)

Medicaid State Plan Administration

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Single State Agency Assurances

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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